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**Bib Data Sheet** 

**CONFIRMATION NO. 5303** 

| <b>SERIAL NUMBE</b><br>10/612,188                                       | R              | FILING OR 371(c)                         | <b>CLASS</b><br>370 |   | <b>GROUP ART UNIT</b> 2609   |      | ATTORNEY DOCKET<br>NO.<br>450100-04648 |             |        |
|---|----------------|--|---------------------|---|--|------|--|-------------|--------|
| PPLICANTS   | <b>-</b> .     | 14541                                    |                     |   |  |      |  |             |        |
| Keisuke Aoki,   | , Toky         | o, JAPAN;                                |                     |   |  |      |  |             |        |
| CONTINUING DA   | TA **          | ******                                   |                     |   |  |      |  |             |        |
| JAPAN 2003-   | 2-196<br>-1377 | ONS ************************************ | CAD<br>CAD          |   |  |      |  |             |        |
| oreign Priority claimed   |                |  |                     |   |  |      |  | INDEPENDENT |        |
| 5 USC 119 (a-d) conditions met yes no Met after Allowance COUI          |                |  |                     |   |  |      | CLA                                    | NIMS        | CLAIMS |
| erified and Acknowledged Examiner's Signature Initials  JAPAN  Initials |                |  |                     |   |  | 24 2 |  | 20          | 8      |
| DDRESS<br>ROMMER LAWREI<br>45 FIFTH AVENUE<br>IEW YORK, NJ1015          |                | & HAUG LLP                               |                     | · |  |      |  |             |        |
| ITLE  |                |  |                     |   |  |      |  |             |        |
| fultiplexing apparatu   | us and         | d method                                 |                     |   |  |      |  |             |        |
| RECEIVED N  |                |  |                     |   | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |      |  |             |        |